

## **The Science of Public Health Messages for Suicide Prevention: A Workshop Summary**

With the launch of the National Strategy for Suicide Prevention in 2001, the U.S. government identified reduction in suicide as a high priority public health issue. In response, suicide prevention groups, as well as federal and state programs, have launched public messaging campaigns designed to increase awareness that suicide is preventable. However, few of these initiatives have empirically tested whether, by what mechanisms, and in what contexts these campaigns reduce the incidence of attempted or completed suicide. Of particular concern is the apparent lack of adherence by these campaigns recommendations for reducing the risk of suicidal contagion (i.e. avoiding the normalization of suicide and the idealization of individuals who have died by suicide). The lack of empirical evidence on effective suicide prevention messaging campaigns is a barrier to the development of safe and effective ways to advance and implement a successful, comprehensive suicide reduction effort.

On October 22-23, 2003, the National Institute of Mental Health (NIMH), the Centers for Disease Control and Prevention (CDC), and the Substance Abuse and Mental Health Services Administration (SAMHSA) sponsored a workshop entitled, *The Science of Public Messages for Suicide Prevention*. The meeting brought together suicide prevention advocates, persons with evaluation experience, and experts in suicide contagion, public health message development, mental health literacy, decision-making, stigma, and marketing to discuss the complex issues underlying effective suicide prevention public messaging campaigns.

Workshop participants discussed three key areas that could help inform future suicide prevention programs: characteristics of good campaign evaluation approaches; campaign outcomes based on target audiences and timing; and safety and ethical issues of public messaging campaigns. They also identified specific technical assistance needs of campaign developers and compiled an eight-point research agenda that could help in the development of an evidence-based roadmap for suicide prevention campaigns. The research agenda is outlined below.

- 1) **Consensus on suicide contagion:** There is a proven relationship between fictional and non-fictional media portrayal of suicide and suicidal contagion. Scientific consensus on terms like “media contagion”, “reactivity”, “stigmatization”, and “normalization”, followed by the development of valid, reliable instruments to measure these constructs, would facilitate testing of these factors in prevention campaign efforts.
- 2) **Positive framing messages:** Most current efforts in suicide prevention public messaging include warning signs. Is it possible to design a suicide prevention campaign around positive, health-promoting messages? Is this approach effective, who would benefit, and are there any drawbacks?

- 3) **Campaign logic models and methods:** There is a need to develop and test theory-based conceptual models for efficacy and effectiveness of public messaging campaigns as community level preventive interventions. In this regard, what lessons can be learned from other successful social marketing models and methodologies?
- 4) **Evaluating associated health and safety messages:** What are the mechanisms of action in a successful public health campaign? To what degree and in what ways must a successful campaign be tailored to the illness/ public health issue targeted? Are there other public health campaigns that address suicide risk factors that could be assessed for their possible impact in decreasing in suicide (child abuse prevention; early detection and treatment of clinical depression, smoking cessation; drug/alcohol abuse prevention and treatment)?
- 5) **Referrals:** What is the relative contribution of increased referral as a component part of successful suicide reduction effort? To what degree and in what way can public messaging increase appropriate referral? Is increase in referrals an effective and appropriate outcome measure of a successful suicide prevention campaign? Is it possible to gather surveillance data from help resources, such as that National Hope Line Network (1-800-SUICIDE)?
- 6) **Cultural issues:** How do cultural norms (age, gender, ethnicity, rural/urban lifestyles) shape and define suicide prevention messaging? How can different audiences' culturally salient issues regarding suicide be assessed?
- 7) **Testing approaches:** Are there empirically validated methods to measure "audience reach" and how can these be applied to a suicide prevention campaign? To what degree and in what ways must messages be tailored to reach different audiences about suicide prevention, and what are ways to evaluate them? For example, a campaign aimed at teenagers may also want to reach parents and teachers requiring multiple media or even messages. Efforts aimed at increasing awareness of public policy officials, who will determine a campaign's funding, may differ from those trying to reach youth.
- 8) **"Contained" communities:** What were the client, provider, clinic, community-level messages that contributed to the success of the U.S. Air Force's successful 1996 suicide reduction initiative? How did messages to various groups reinforce or complement each other? How can these be applied or adapted to other communities, contained or otherwise, to achieve further success?

Workshop participants concluded that efforts to evaluate suicide prevention campaigns are challenging, but lessons learned from other public health areas can provide guidance. Without effective pre-testing, implementation, and evaluation, campaign developers cannot know if campaign efforts at the federal, state and local levels will have any effect at all—a waste of time and resources-- and worse yet, if they contribute to harm. However, participants affirmed that the challenges in developing safe and effective public awareness campaigns for suicide prevention can be addressed through research, and carefully planned and evaluated campaigns have the potential to save lives. The passion, devotion and immediacy demanded by suicide prevention advocates to “do something” to make the public aware of suicide should also demand that such life and death prevention efforts deserve our best scientific efforts.

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